FILED AUG 23 1955 STANDARD CERTIFICATE OF DEATH  SIRTH NO.  REG. DIST. NO.  PRES. DIST. NO.			THE DIVISION OF HE	ALTH OF MISSOURI		Oconia
PLACE OF DEATH   a. COUNTY Jackson   b. COUNTY Jackson   c. LENGTH OF TWN KANSAS CITY   c. COUNTY   C. C	FILED AUG	23 1955	STANDARD CERTIF	ICATE OF DEATH	State File N	~000°7
T. PLACE OF DEATH a. COUNTY Jackson b. CITY of the backed corporate limits, with EURAL and give township)  STATE Missouri b. COUNTY Jackson TOWN KANBAS CITY township)  STATE Missouri b. COUNTY Jackson TOWN KANBAS CITY township)  STATE Missouri b. COUNTY Jackson TOWN KANBAS CITY township)  STATE Missouri b. COUNTY Jackson TOWN KANBAS CITY township)  STATE Missouri b. COUNTY Jackson TOWN KANBAS CITY TOWN KANBAS CITY  1. C. CITY TOWN KANBAS CITY T	DIPTH NO	Ο.	REG. DIST. NO. 149.	PRIMARY REG. DIST. NO.	1002 Registrar's	<sub>N</sub> , 3487
a. COUNTY Jackson  b. CITY of eached corporate limits, write RURAL and give to the machine of the common to the co		TH				
OF TOWN Kansas City  Converting of the continuous conti	- COUNTY			a. STATE Missour	- K COUNTY	
3 NAME OF DECEASED VADA DECEASED (Type or Print) DECEASED (Type or Print) DECEASED (Type or Print) TO ELECTRICATION (Clockind of each print) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. SEX (S. COLOR OR RACE (T. MARRIED INTER MARRIED) S. MARRIED (T. MARRIED INTER	TOWN Kans	sas Ci <b>ty</b>	township) STAY (in this place)	c. CITY OR TOWN Kansas	City	s Residence within limits of city of incorporated town?
3. NAME OF DECEASED VADA  DECEASED (Type or Print)  FOR DECEASED (Type or Print)  FOR DECEASED (Type or Print)  S. SEX   S. COLDR OR RACE (Type or Print)  S. SEX	d. FULL NAME OF (I HOSPITAL OR	f not in hospital or in	stitution, give street address or location)	ADDRESS 3301 CH	min poel 1	347
5. SEX    6. COLOR OR RACE   7. MARRIED MENTER STRITTED   1 MALVED STRITTED STRIT				- 4		<del></del>
Temale  White  W		_			OF ANG	8 55 (Day)
COUNTRY  HOUSE WIFE  130. FATHER'S NAME  IS WAS DECASED EVER IN U. S. ARMED FORCES? IV. S. OCCUPY OF MAN AND AND AND AND AND AND AND AND AND A				1	9. AGE (In years IF that birthday) Mor	
HOUSE WIFE  130. NOTHER'S MAIDEN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME  18. CAUSE OF DEATH  19. DISEASE OR CONDITION  19. DISEASE OR COND			10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City as	nd State or Foreign Country)	12. CITIZEN OF W
S. WAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME 301 C ADDRESS   18. SOCIAL SECURITY   18. SOCI	2.2	_	DUSTRY	Bosworth	MISSOURI	U.5.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Me. Do. or unknown)   16. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SOCIAL SECURITY (Me. Do. or unknown)   17. INFORMANT'S SIGNATURE OR NAME 301 C APT 15. SIGNATURE OR UNknown   17. INFORMANT'S SIGNATURE OR Unk	13a. FATHER'S NAME		136. MOTHER'S MAIDEN		. NAME OF HUSBAND OR	#1FE
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes., no, or unbroped)   16. SOCIAL SECURITY (Yes., no, or unbroped)   17. INFORMANT'S SIGNATURE OR NAME 301 C APPLIES (Yes., no, or unbroped)   18. CAUSE OF DEATH (INTERNAL BETWEEN COMMENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF CHEMICAL CERTIFICATION   INTERNAL BETWEEN COMMENTS (Like)   18. CAUSE OF DEATH (a)   MEDICAL CERTIFICATION   INTERNAL BETWEEN COMMENTS (Like)   MEDICAL CERTIFICATION   MEDICAL CERTIFICATION   MEDICAL CERTIFICATION   MEDICAL CERTIFICATION   INTERNAL BETWEEN COMMENTS (Like)   MEDICAL CERTIFICATION	PIERCE	Gods	EY AMANDA	HILTON 7	DREST LEON S	MiddAuah
18. CAUSE OF DEATH 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. COUNTY) 21. CAUSE OF DEATH 21. CAUSE OF DEATH 22. CAUSE OF DEATH 23. CAUSE OF DEATH 24. CAUSE OF DEATH 24. DEATH 24. DEATH 24. DEATH 24. DEATH 24. DATE SECO BY LOCAL 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. NAME OF CEMETERY OF CREMATORY 26. DATE SIGNATURE 27. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 29. ADDRESS (4.70) 20. AUTOPSY? 24. DATE RECO BY LOCAL 25. FUNERAL DIRECTOR'S SIGNATURE 26. NAME OF CEMETERY OF CREMATORY 26. CANTON (City, town, or county) 26. SIGNATURE 26. NAME OF CEMETERY OF CREMATORY 26. DATE SIGNATURE 27. FUNERAL DIRECTOR'S SIGNATURE 27. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 29. ADDRESS (C. MITCH 29. AND ADDRESS (C. MITCH 20. AND ADDRESS (C. MITCH 20. DATE RECO BY LOCAL 20. ADDRESS (C. MITCH 20. DATE RECO BY LOCAL 20. CAUSE OF THE SIGNATURE 29. ADDRESS (C. MITCH 20. DATE RECO BY LOCAL 20. DATE RECOURT O	15. WAS DECEASED EVE			17. INFORMANT'S S	I GNATURE OR NAME	TALC A ADDINES
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the most of dying, such as heart failure, eatheria, etc. It means the discourse detail.  II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) Bronchopneumonia, arterio-sclerotic ONSET AND DEAT disease, arterio-nephro- niet of the above cause (a) stating the underlying count fast.  DUE TO (b) heart disease, arterio-nephro- niet of the above cause (a) stating the underlying count fast.  DUE TO (c) Sclerosis, hypertension (clinical).  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. TIME (Moath) (Day) (Year) (Hour) Ple. Injury occurred at the disease on Auge of the decased from July 29 1955, to Aug. 8, 1955, that I last saw the deceased alive on Auge on Auge of 1955, and that death occurred at the disease on the date stated above.  22a. SIGNATURE  B. I. BUTTIS (Degree or title) (Degree or		yes, give war or dates :		MR FOREST LEA	in Middouah 1	CANTAS City
Enter only one cause per line for (a), (b), and (c)  This does not mean the made of dying, such as heart failure, esthemia, etc. It means the discrete, injury or compiler the underlying cause lest.  Morbid conditions, if any, giving DUE TO (b) heart disease, arterio-nephro- rise to the choose cause (c) stating the underlying cause lest.  DUE TO (c) SClerosis, hypertension(clinical).  UI. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  LIDERAGE OF INJURY (e.g., in or about 10 cm			MEDICAL C		<del></del>	INTERVAL BETWE
**This does not mean the mode of dying, such as heart failure, asthemia, atc. It means the discase internation complication which caused death.  **Morbid conditions, if any, giring DUE TO (b) heart disease, arterio-nephro-rist to the above cause (a) stating the underlying cause last.  **DUE TO (c) SCIETOSIS, hypertension(clinical).**  **DUE TO (d) SCIETOSIS, hypertension(clinical).**  **In OTHER SIGNIFICANT CONDITIONS**  **DUE TO (e) SCIETOSIS, hypertension(clinical).**  **In OTHER SIGNIFICANT CONDITIONS**  **Due TO (e) SCIETOSIS, hypertension(clinical).**  **In OTHER SIGNIFICANT CONDITIONS**  **Due TO (e) SCIETOSIS, hypertension(clinical).**  **In OTHER SIGNIFICANT CONDITIONS**  **Due TO (e) SCIETOSIS, hypertension(clinical).**  **In OTHER SIGNIFICANT CONDITIONS**  **In OTHER		I. DISEASE OR CO	ondition ng to death (a) Broncho	pneumonia, arte	rio-sclerotic	ORSEL AND DEA
County   C	line for (a), (b), and (c)	•	\	•		
County   C		ANTECEDENT CA	ouses hear	rt disease, art	erio-penhro-	
County   C		Morbid conditions rise to the above co	i, if any, giving OUE TO (b) nuse (a) stating		OT TO MODIA	
tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Mosth) (Day) (Year) (Hour) 19d. MAJOR FINDINGS OF OPERATION  21e. INJURY OCCURRED WHILE AT NOT WHILE 1NJURY  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  22f. I hereby certify that Lattended the deceased from July 29 1955, to Aug. 8, 1955, that I last saw the deceased live on Aug. 8, 1955, and that death occurred at 1350 8 m., from the causes and on the date stated above.  23a. SIGNATURE  B. I. BUTTIS  (Degree or title) C 23b. ADDRESS  24th & Cherry Sts.  24c. DATE SIGN  BLAIA AUG. 9, 1955  (Mi. Magiah Cemetral Placetor's SIGNATURE CEMETRAL PLACETOR PLACET	etc. It means the dis-	the underlying cau	e last.	rosis hymerten	aton(olinical)	00
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE Home, farm, factory, street, office bidg., etc.)  21d. ACCIDENT SUICIDE Home, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT LATWORK NOT WHILE AT LATWORK NOT WHILE AT LATWORK AT WORK AT WO		II OTHER SIGNIE		rooms, myper der	SEGUITOT LITERALY	- <del>- 472</del>
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TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME OF INJURY  21d. INJURY OCCURRED WHILE AT NOT WHILE WORK  21d. HOW DID INJURY OCCUR?  22d. How B. I all I last saw the deceant of the date stated above.  22a. SIGNATURE  22b. Date stated above.  22c. Date sign B. I. Burns  22d. Name Of Cemetery Of Crematory  22d. Location (City, town, or county)  22d. Name Of Cemetery  22d. Location (City, Injury)  22d. Location (City)  22d. Lo	40 0475 05 00504	related to the diseas	te or condition causing death.			1 20 AUTOPSV2
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alive on Aug. 8, 1955, and that death occurred at 4:50 a m., from the causes and on the date stated above.  23a. SIGNATURE  B. I. Burns  (Degree or title) 2 23b. ADDRESS  24th & Cherry Sts. 23c. DATE SIGN  24a. BURIAL CREMA, 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  (State BURIAL CREMA, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL BIRECTOR'S SIGNATURE 33 / ADDRESS (C.M.)	21d. TIME (Mosth) OF INJURY	(Day) (Year) (	WHILE AT NOT WHILE	21f. HOW DID INJURY OCC	CUR7	
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23a. SIGNATURE  B. I. Burns  (Degree or title) C 23b. ADDRESS  24th & Cherry Sts.  24c. BURIAL CREMA, 24b. DATE  24c. NAME OF CEMETERY OF CREMATORY— 24d. LOCATION (City, town, or county)  (State of the county)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL BIRECTOR'S SIGNATURE 23 / ADDRESS (C.M.)	alive on Aug	• ช <sub>, 19</sub> 55	_, and that death occurred at	13 50 a m., from the c		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL BIRECTOR'S SIGNATURE 133/ADDRESS (C.M.		B.I.	(Th 4/4/-) C	23b. ADDRESS	h & Cherry Sts.	23c. DATE SIGNI 8/8/55
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL BIRECTOR'S SIGNATURE 33/ADDRESS (4.1)	TION, REMOVAL (Breats)	'مصا	955 Mt. Manish	CEMETERY K	ONTA - City N	115511101
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## STATEMENT BY LICENSED EMBALMER

I hereby certify t	hat the body who	se name is 1	ecorded on the	reverse s	side of this certific	ate was emi
•		•				
by me. or by					Student Embalme:	r No

working under my personal supervision.

Student ..... Signature of Student Embalmer

by me, or by ......

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Factor comply with the above constitutes grounds for revocation of license).

mply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.